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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Δ	Application or Docket Number 10/583,888			ing Date 23/2007	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY 🛛				HER THAN ALL ENTITY
FOR			IUMBER FII	_ED	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
\boxtimes	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A	150		N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FI (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		*			x \$ =		OR	x \$ =	
	EPENDENT CLAIN CFR 1.16(h))		minus 3 =		*			x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addi	If the specification and dra- sheets of paper, the applic is \$250 (\$125 for small ent additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and			ition size fee due ty) for each tion thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL	150		TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
AMENDMENT	10/26/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 7	Minus	** 20		= 0		X \$26 =	0	OR	x \$ =	
	Independent (37 CFR 1.16(h))	* 1	Minus	***3		= 0		X \$110 =	0	OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2	2)	(Column 3)		•				
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBEF PREVIOUS PAID FOR	₹ SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	Minus	**		=		x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))	*	Minus	***		=		x \$ =		OR	x \$ =	
Ш	Application Size Fee (37 CFR 1.16(s))											
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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